

## Missouri Immunization Program Vaccine Order and Accountability Form - LPHA

**INSTRUCTIONS:** Use this form to order and account for all adult vaccine. Summarize information from the VFC Adult Vaccine Tally Sheet at the end of each month. You **must** account for your vaccine **each** month even if no additional vaccine is ordered. Provide wastage details at the bottom of the page.

**ACCOUNTABILITY PERIOD:** From \_\_\_\_\_ To \_\_\_\_\_ **VFC PIN #** \_\_\_\_\_

| <b><u>VACCINE ORDER INFORMATION</u></b> |                               |                             | <b>VACCINE ORDER</b> |
|---|-------------------------------|-----------------------------|----------------------|
| <b>VACCINE</b>                          | <b>RECOMMENDED AGE GROUPS</b> | <b>PACKAGE INFORMATION</b>  |                      |
| Hep A-Adult (Havrix)<br>GSK             | Adults 19+ yrs of age         | 10 single-dose vials (10x1) |                      |
| Hep A-Adult (Vaqta)<br>Merck            | Adults 19 + yrs of age        | 10 single-dose vials (10x1) |                      |
| MCV4-Adult (Menactra)<br>Sanofi Pasteur | Adults 19 + yrs of age        | 5 single-dose vials (5x1)   |                      |
| MMR-Adult (MMRII)<br>Merck              | Adults 19+ yrs of age         | 10 single-dose vials (10x1) |                      |
| Td-Adult (Decavac)<br>Sanofi Pasteur    | Adults 19+ yrs of age         | 10 single-dose vials (10x1) |                      |
| Tdap -Adult (Adacel)<br>Sanofi Pasteur  | Adults 19+ yrs of age         | 10 single-dose vials (10x1) |                      |
| Tdap -Adult (Boostrix)<br>GSK           | Adults 19+ yrs of age         | 10 single-dose vials (10x1) |                      |
| Varicella-Adult<br>(Varivax) Merck      | Adults 19+ yrs of age         | 10 single-dose vials (10x1) |                      |

**VACCINE ACCOUNTABILITY** Do not include privately-purchased vaccine unless it is replacement vaccine

|   | <b>Hep A<br/>Adult</b> | <b>MCV4<br/>Adult</b> | <b>MMR<br/>Adult</b> | <b>Td<br/>Adult</b> | <b>Tdap<br/>Adult</b> | <b>Varicella<br/>Adult</b> |
|---|------------------------|-----------------------|----------------------|---------------------|-----------------------|----------------------------|
| <b>1. Last Reported Actual Vaccine Count</b>        |                        |                       |                      |                     |                       |                            |
| <b>2. Vaccine Received</b>                          |                        |                       |                      |                     |                       |                            |
| <b>3. Doses Transferred Out</b>                     |                        |                       |                      |                     |                       |                            |
| <b>4. Doses Wasted/Expired</b>                      |                        |                       |                      |                     |                       |                            |
| <b>5. Doses Administered</b>                        |                        |                       |                      |                     |                       |                            |
| <b>6. Inventory Should Be</b>                       |                        |                       |                      |                     |                       |                            |
| <b>7. Inventory on Hand or Actual Vaccine count</b> |                        |                       |                      |                     |                       |                            |
| <b>8. Variance between #6 and #7 (+ or -)</b>       |                        |                       |                      |                     |                       |                            |

**VACCINE WASTAGE** Vaccine cannot be returned as expired until expiration date

| Vaccine | Number of Doses | Lot Number | NDC No. (located on box) | Manufacturer | Expiration Date | Explanation* | * Use one of the following reasons in the "Explanation" column for each of the non-viable vaccines: |
|---------|-----------------|------------|--------------------------|--------------|-----------------|--------------|---|
|         |                 |            |                          |              |                 |              | 1. Returned to distributor in a viable state  |
|         |                 |            |                          |              |                 |              | 2. Spoilage reported by provider  |
|         |                 |            |                          |              |                 |              | 3. Expired vaccine  |
|         |                 |            |                          |              |                 |              | 4. Lost or damaged in transit   |
|         |                 |            |                          |              |                 |              | 5. Failure to store vaccine properly upon receipt   |
|         |                 |            |                          |              |                 |              | 6. Refrigerator temperature is out-of-range   |
|         |                 |            |                          |              |                 |              | 7. Natural Disaster/Power Outage  |
|         |                 |            |                          |              |                 |              | 8. Other: Specify   |

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FAX OR MAIL COMPLETED REPORT TO:**  
Vaccines for Children Program  
MO Department of Health & Senior Services  
**PO Box 570, 930 Wildwood**  
**Jefferson City, MO 65102**  
FAX: 573-526-5220

## INSTRUCTIONS FOR COMPLETING THE VACCINE ORDER AND ACCOUNTABILITY REPORT

The Vaccine Accountability report is to be completed at the end of each month and submitted to the Vaccines for Children (VFC) Program by the 10th of the following month. (VFC address and fax number are provided below)

### VACCINE ORDER

1. VFC orders are accepted by mail or fax. When placing an order, please ensure your VFC pin number is included. Please make photocopies of this form and retain the original. Orders must be completed on the current order and accountability form.
2. Indicate the **number** of vaccine doses needed. **Do Not** indicate the number of packages of vaccine desired. Vaccine must be ordered in multiples of 10.
3. VFC staff will review all vaccine requests to ensure the amount of vaccine ordered is appropriate for each clinic, based on current inventory and number of doses administered. Thus, the Vaccine Accountability report must be submitted on a monthly basis to ensure the most current information is available to VFC staff.
4. All VFC providers are required to submit their temperature logs on a monthly basis. VFC staff will review the logs to ensure the proper temperatures are being maintained for storage of vaccines. No vaccine orders will be filled until monthly temperature logs are received.

### VACCINE ACCOUNTABILITY Do not include privately-purchased vaccine

1. Last Reported Actual Vaccine Count: Refer to your last Vaccine Accountability Report to complete this item. Record the number of doses of each vaccine reported in your inventory (**#7 Actual Vaccine Count**) at that time.
2. Vaccine Received: Indicate the number of doses of each vaccine received from the distributor, other clinics, or replacement vaccine during this accountability period.
3. Transferred Out: Indicate the number of doses of each vaccine that you transferred to another clinic during this accountability period.
4. Vaccine Wasted/Expired: Indicate the number of doses of each vaccine that was wasted or expired during this accountability period.
5. Doses Administered: Using the totals under the "Vaccines Administered" columns on the Vaccine Accountability Tally Sheet, summarize the number of doses of each vaccine administered during this accountability period.
6. Inventory Should Be: Use the following formula to calculate the amount of each vaccine that should be in your inventory:
  - a. Add **#1 (Last Reported Actual Vaccine Count)** and **#2 (Vaccine Received)**
  - b. Subtract **#3 (Vaccine Transferred Out)**, **#4 (Vaccine Wasted/Expired)**, and **#5 (Doses Administered)** from the total obtained in the process of adding #1 and #2. Or **(1 + 2 - 3 - 4 - 5 = 6)**
7. Actual Vaccine Count: Count and record the amount of each vaccine in your refrigerator(s) and freezer(s) (**6 should = 7**)
8. Variance (+ or -): Determine amount of unaccounted vaccine by subtracting **#7 (Actual Vaccine Count)** from **#6 (Inventory Should Be)**. If amount in **#7** is larger than **#6** indicate overage with a "+" sign before the amount. If amount in **#6** is larger than **#7** indicate the loss with a "-" sign before the amount. Report doses lost in the Wastage section of this form. (**6 - 7 = 8**)

### VACCINE WASTAGE

Report all wasted/expired vaccine, providing the vaccine name, number of doses, lot number, NDC number, manufacturer, expiration date, and the appropriate wastage code, which follow:

|   |  |                                  |                               |
|---|--|----------------------------------|-------------------------------|
| 1. Returned to distributor in a viable state      | 2. Spoilage reported by provider                     | 3. Expired vaccine               | 4. Lost or damaged in transit |
| 5. Failure to store vaccine properly upon receipt | 6. Refrigerator/Freezer temperature is out-of-range* | 7. Natural Disaster/Power Outage | 8. Other: Specify             |

\*In the event of equipment breakdown, the vaccine should be moved to another unit as soon as possible. Contact the Vaccines for Children customer service representatives at 800-219-3224 for assistance.

Unopened vials of expired or wasted vaccine should be returned to McKesson. Contact VFC staff to obtain a McKesson pre-paid return label. There are no refrigeration or packaging requirements for wasted or expired vaccine.

Return completed Adult Vaccine Order and Accountability Report to:

**Vaccines for Children Program**  
**Missouri Department of Health and Senior Services**  
**PO Box 570**  
**Jefferson City, MO 65109**  
**Phone: 800-219-3224 FAX: 573-526-5220**